



PROFESSIONAL GRASS ROOTS LOBBYING CAMPAIGN REPORT

L4

Office of Risk Management Services
Lobbyist Registration Program
500 Fourth Ave., Suite 320
Seattle, WA 98104-1818
206-263-9753

KING COUNTY OFFICE USE ONLY

<p>1. SPONSOR'S NAME</p> <hr/> <p>BUSINESS OR OCCUPATION</p> <hr/> <p>MAILING ADDRESS</p> <hr/> <p>CITY STATE ZIP PHONE ()</p> <hr/>	<p>THIS REPORT COVERS:</p> <p><input type="checkbox"/> REGISTRATION (Initial Report)</p> <p><input type="checkbox"/> QUARTERLY REPORT FROM ____ TO ____</p> <p><input type="checkbox"/> FINAL REPORT (CAMPAIGN IS ENDED)</p>																														
<p>2. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF ACCOUNTS, RECEIPTS, BOOKS OR OTHER DOCUMENTS WHICH SUBSTANTIATE GRASS ROOTS LOBBYING REPORT.</p>																															
<p>3. DESCRIBE THE TOPIC(S) OR LEGISLATION ABOUT WHICH THE CAMPAIGN IS CONDUCTED. INCLUDE ORDINANCES AND MOTIONS.</p>																															
<p>4. IF THE SPONSOR IS A BUSINESS, UNION, ASSOCIATION, POLITICAL ORGANIZATION OR OTHER ENTITY, LIST THE OFFICERS OR OTHERS WHO ARE RESPONSIBLE FOR THE MANAGEMENT OF THE ENTITY.</p>																															
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">NAME</th><th style="width: 30%;">TITLE</th><th style="width: 30%;">ADDRESS</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	TITLE	ADDRESS																											
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<p>5. WHO IS ORGANIZING OR MANAGING THE CAMPAIGN? LIST PERSONS OR FIRMS HIRED TO ASSIST IN THE CAMPAIGN, INCLUDING PUBLIC RELATIONS AND ADVERTISING AGENTS (continue on attached pages)</p>																															
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 45%;">NAME AND ADDRESS</th><th style="width: 30%;">OCCUPATION OR BUSINESS</th><th style="width: 25%;">TERMS OF COMPENSATION</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME AND ADDRESS	OCCUPATION OR BUSINESS	TERMS OF COMPENSATION																											
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<p>6. EXPENSES MADE OR INCURRED IN THE CAMPAIGN:</p> <table style="width: 100%;"><tr><td style="width: 60%;">1. Previous expenditures (from line 4, last L4 report)</td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td>2. Expenses this report period</td><td></td></tr><tr><td> A. Radio</td><td>_____</td></tr><tr><td> B. Television</td><td>_____</td></tr><tr><td> C. Newspapers, magazines</td><td>_____</td></tr><tr><td> D. Brochures, signs</td><td>_____</td></tr><tr><td> E. Printing and mailing</td><td>_____</td></tr><tr><td> F. Telemarketing, polling</td><td>_____</td></tr><tr><td> G. Consultants</td><td>_____</td></tr><tr><td> H. Public relations</td><td>_____</td></tr><tr><td> I. Office expense, travel, salaries, rent</td><td>_____</td></tr><tr><td> J. Entertainment (including food and beverages)</td><td>_____</td></tr><tr><td> K. Other expenses</td><td>_____</td></tr><tr><td>3. Total expenditures this period (lines 6.2A –6. 2K)</td><td style="text-align: right;">\$ _____</td></tr><tr><td>4. Total expenditures in the campaign (lines 6.1+6.3)</td><td style="text-align: right;">\$ _____</td></tr></table>		1. Previous expenditures (from line 4, last L4 report)	\$ _____	2. Expenses this report period		A. Radio	_____	B. Television	_____	C. Newspapers, magazines	_____	D. Brochures, signs	_____	E. Printing and mailing	_____	F. Telemarketing, polling	_____	G. Consultants	_____	H. Public relations	_____	I. Office expense, travel, salaries, rent	_____	J. Entertainment (including food and beverages)	_____	K. Other expenses	_____	3. Total expenditures this period (lines 6.2A –6. 2K)	\$ _____	4. Total expenditures in the campaign (lines 6.1+6.3)	\$ _____
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CONTINUE ON REVERSE

7. CONTRIBUTIONS:

LIST EACH PERSON OR ORGANIZATION WHO HAS CONTRIBUTED \$100 OR MORE DURING THIS CAMPAIGN

NAME	ADDRESS, CITY, ZIP	AMOUNT

TOTAL AMOUNT THIS PAGE \$ _____

LIST TOTAL AMOUNT FROM ANY ATTACHED \$ _____

TOTAL CONTRIBUTIONS THIS PERIOD \$ _____

CONTRIBUTIONS PREVIOUSLY REPORTED \$ _____

TOTAL CONTRIBUTIONS DURING THE CAMPAIGN \$ _____

Certification: I certify that this report is true and complete to the best of my knowledge. Print Name and Address of Sponsor	SIGNATURE	DATE